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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/530,643		Filing Date 07 April, 2006		<input type="checkbox"/> To be Mailed					
				Applicant(s) CAYOUETTE ET AL.						Page 1 of 3			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/2009		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1				1		51							
2						52							
3						53							
4						54							
5						55							
6						56							
7						57							1
8						58							
9						59							
10						60							1
11						61							
12						62							
13						63							
14						64							
15						65							
16						66							
17						67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27					1	77							
28						78							
29						79							
30						80							
31						81							
32						82							
33					1	83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40					1	90							
41						91							
42						92							
43						93							
44						94							
45					2	95							
46						96							
47						97							
48					2	98							1
49						99							
50						100							2
Total Indep						Total Indep							
Total Depend						Total Depend							
Total Claims						Total Claims							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20090310-1.

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/09		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101							151						
102							152						
103							153						
104							154						
105							155						
106						1	156						
107							157						
108							158						
109							159						
110							160						
111							161						
112							162						
113							163						
114							164						
115							165						
116						2	166						
117							167						
118							168						
119							169						
120							170						
121							171						
122							172						
123							173						
124							174						1
125							175						1
126						2	176						1
127							177						
128							178						
129							179						
130							180						1
131						1	181						
132							182						
133							183						
134							184						
135							185						1
136							186						
137							187						
138							188						
139							189						
140							190						1
141						1	191						
142							192						
143							193						
144							194						
145							195						
146							196						1
147							197						
148							198						1
149							199						
150							200						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/09		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
201						251							
202						1	252						
203							253						
204						1	254						
205						1	255						
206						1	256						
207							257						
208							258						
209							259						
210							260						
211							261						
212						1	262						
213						1	263						
214						1	264						
215							265						
216							266						
217							267						
218						1	268						
219						1	269						
220						1	270						
221						1	271						
222							272						
223						1	273						
224						1	274						
225						1	275						
226						1	276						
227						1	277						
228						1	278						
229						1	279						
230							280						
231							281						
232							282						
233							283						
234							284						
235							285						
236							286						
237							287						
238							288						
239							289						
240							290						
241							291						
242							292						
243							293						
244							294						
245							295						
246							296						
247							297						
248							298						
249							299						
250							300						
Total Indep					2		Total Indep						
Total Depend						44	Total Depend						
Total Claims						46	Total Claims						

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